

**U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
PROGRAM ACCOUNT TWO SYSTEM**

INPUT FORMAT NUMBER 2 (Central)

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1970.33 REV-2

APPENDIX 5

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
PROGRAM ACCOUNTING SYSTEM**

INPUT FORMAT NUMBER 7 (General)

APPENDIX 5

REQUEST FOR ADVANCE OR REIMBURSEMENT		Approved by Office of Management and Budget, OMB-0004 (E.O. 11304)		PAGE OF PAGES																																														
		<input type="checkbox"/> a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT <input type="checkbox"/> b. "X" one or both boxes <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> ACCRUAL																																																
(See instructions on back)		c. FEDERAL EXERCISING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED		d. BASIS OF REQUEST																																														
e. EMPLOYER IDENTIFICATION NUMBER		f. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER		g. PERIOD COVERED BY THIS REQUEST																																														
				FROM (month, day, year) TO (month, day, year)																																														
h. RECIPIENT ORGANIZATION		i. PAYEE (Where check is to be sent if different than item g)																																																
Name : Member and Street : City, State and ZIP Code :		Name : Member and Street : City, State and ZIP Code :																																																
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED																																																		
PROGRAMS/FUNCTIONS/ACTIVITIES ►		(a)	(b)	(c)	TOTAL																																													
		a. Total program outlays to date	\$	\$	\$	\$																																												
		b. Less: Cumulative program income																																																
		c. Net program outlays (Line a minus line b)																																																
		d. Estimated net cash outlays for advance period																																																
		e. Total (Sum of lines c & d)																																																
		f. Non-Federal share of amount on line e																																																
		g. Federal share of amount on line e																																																
		h. Federal payments previously requested																																																
i. Federal share now requested (Line g minus line h)																																																		
j. Advances required by month, when requested by Federal grantor agency for use in making pre-scheduled advances		1st month																																																
		2nd month																																																
		3rd month																																																
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY																																																		
a. Estimated Federal cash outlays that will be made during period covered by the advance		\$																																																
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period		\$																																																
c. Amount requested (Line a minus line b)		\$																																																
13. CERTIFICATION		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE REQUEST SUBMITTED																																														
		TYPE OR PRINTED NAME AND TITLE		TELEPHONE (AREA CODE, NUMBER, EXTENSION)																																														
This space for agency use																																																		
HUD Approved																																																		
I approve the payment shown on line 11L in the amount of \$ _____																																																		
Date	Signature of Authorized Official		Title of Authorized Official																																															
HUD Accounting Use Only																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>1. Date</th> <th>2. FAC</th> <th>3. Program</th> <th>4. T</th> <th>5. A</th> <th>6. RD</th> <th>7. AG</th> <th>8. Project Number</th> <th>A</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>3 0 2</td> <td>5</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>21</td> </tr> <tr> <td>23</td> <td>26</td> <td>44</td> <td>45</td> <td>46</td> <td>47</td> <td>48</td> <td>49</td> <td>50</td> </tr> <tr> <td>3. Requestion No.</td> <td>10. Date</td> <td>11. A</td> <td>12. B</td> <td>13. Cash Disbursed</td> <td colspan="3">14. Schedule No.</td> <td></td> </tr> <tr> <td>23</td> <td>26</td> <td>44</td> <td>45</td> <td>47</td> <td colspan="3">48</td> <td>50</td> </tr> </tbody> </table>						1. Date	2. FAC	3. Program	4. T	5. A	6. RD	7. AG	8. Project Number	A	1	3 0 2	5	12	13	14	15	16	21	23	26	44	45	46	47	48	49	50	3. Requestion No.	10. Date	11. A	12. B	13. Cash Disbursed	14. Schedule No.				23	26	44	45	47	48			50
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<small>STANDARD FORM 270 (7-78) Prescribed by Office of Management and Budget GPO No. A-118</small>																																																		

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INPUT FORMAT NUMBER 14 (Letter of Credit)